



Student Artistic Enrichment Fund

NESA Faculty Recommendation (Optional)

**** Confidential ****

Name of **Event:** _____ Assigned # _____
(to be filled in by student or teacher) (to be filled in by SAEF Liaison)

Note to NESA Faculty Member: Please do not use the applicant's name or gender anywhere on this form. Refer to applicant as "the student." Place in sealed envelope with student's name on outside. Turn in to the NESA office by October 20th, 2011 (Fall) or April 19th, 2012 @ 4:30 pm (Spring).

Event should enhance learning in student's major.

I, _____, enthusiastically
(NESA Faculty member)
moderately
reluctantly

... recommend that a financial award from the Student Artistic Enrichment Fund be granted to this student for this event. I would like to make known the following reason(s):

NESAs Faculty Member Signature

Date